

<i>SERFF Tracking Number:</i>	<i>PRTA-127002832</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47817</i>
<i>Company Tracking Number:</i>	<i>VICKIE - P225</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PL-225 01/11</i>		
<i>Project Name/Number:</i>	<i>PL-225 01/11/PL-225 01/11</i>		

## Filing at a Glance

Company: Protective Life Insurance Company

Product Name: PL-225 01/11

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-127002832 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47817

Co Tr Num: VICKIE - P225

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Vickie Jerkins

Disposition Date: 01/31/2011

Date Submitted: 01/27/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: 03/07/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: PL-225 01/11

Project Number: PL-225 01/11

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been submitted to our domiciliary state of Tennessee, concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/31/2011

State Status Changed: 01/31/2011

Deemer Date:

Created By: Vickie Jerkins

Submitted By: Vickie Jerkins

Corresponding Filing Tracking Number: PRTA-127005203

Filing Description:

Form Number.....Form Title

PL-225 01/11.....PART II – Supplemental (application form)

The intended implementation date for this filing is March 7, 2011 or upon approval by your Department. The above referenced Individual Life Filing is being submitted for filing acknowledgement or prior approval, as appropriate. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. The forms submitted in this filing are new and will not replace any forms currently in use. This filing has been submitted

SERFF Tracking Number:	PRTA-127002832	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	47817
Company Tracking Number:	VICKIE - P225		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PL-225 01/11		
Project Name/Number:	PL-225 01/11/PL-225 01/11		

to our domiciliary state of Tennessee, concurrently.

With the exception of company specific information (Name, Logo, Addresses, Form numbering, etc) this filing is identical to a SERFF submission for West Coast Life Insurance Company.

The submitted PART II Supplemental application form will be used in conjunction with previously approved base Applications U-661 (9/06), approved October 11, 2006 and PL-200 (2/08), approved February 21, 2008. This form will be used to gather additional information to assist underwriting.

This form has achieved a FLESCHEase of Reading Test Score of 75. This form has been generated in final print format. However, due to rapidly changing technology, we wish to reserve the right to use a different font. In addition, when the application and information are input to the computer system it may result in non-material formatting changes due to the amount of information received; i.e. the size of open narrative sections will vary based on the information supplied by the applicant. The Company will ensure that the formatting of these forms will not allow a disclosure or fraud warning to be split from the signature section. While the formatting of these forms may vary slightly by applicant, the material and content will remain the same.

The only variable fields are related to Company Address – which will only be changed to accurately disclose the Company's correct contact information by Distribution Channel or as updates are required.

Actuarial Materials are not required with this application type filing.

Required filing fees have been submitted via EFT.

If you need further information to complete the review of this filing, I can be contacted via SERFF Notes, email at Vickie.Jerkins@protective.com or tollfree at 1-800-866-3555 ext. 5514.

## Company and Contact

### Filing Contact Information

Vickie Jerkins, Policy Contract Filing Specialist	vickie.jerkins@protective.com
2801 Highway 280 South	800-866-3555 [Phone] 5514 [Ext]
Birmingham, AL 35223	205-268-3401 [FAX]

### Filing Company Information

Protective Life Insurance Company	CoCode: 68136	State of Domicile: Tennessee
2801 Highway 280	Group Code: 458	Company Type:
Birmingham, AL 35223	Group Name:	State ID Number:
(800) 866-3555 ext. [Phone]	FEIN Number: 63-0169720	

SERFF Tracking Number:	PRTA-127002832	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	47817
Company Tracking Number:	VICKIE - P225		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PL-225 01/11		
Project Name/Number:	PL-225 01/11/PL-225 01/11		

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$50.00	01/27/2011	44142177

<i>SERFF Tracking Number:</i>	<i>PRTA-127002832</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47817</i>
<i>Company Tracking Number:</i>	<i>VICKIE - P225</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PL-225 01/11</i>		
<i>Project Name/Number:</i>	<i>PL-225 01/11/PL-225 01/11</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	01/31/2011	01/31/2011

<i>SERFF Tracking Number:</i>	<i>PRTA-127002832</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47817</i>
<i>Company Tracking Number:</i>	<i>VICKIE - P225</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PL-225 01/11</i>		
<i>Project Name/Number:</i>	<i>PL-225 01/11/PL-225 01/11</i>		

## Disposition

Disposition Date: 01/31/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRTA-127002832</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47817</i>
<i>Company Tracking Number:</i>	<i>VICKIE - P225</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>PL-225 01/11</i>		
<i>Project Name/Number:</i>	<i>PL-225 01/11/PL-225 01/11</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Statement of Variables		Yes
<b>Form</b>	PART II – Supplemental		Yes

SERFF Tracking Number:	PRTA-127002832	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	47817
Company Tracking Number:	VICKIE - P225		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PL-225 01/11		
Project Name/Number:	PL-225 01/11/PL-225 01/11		

## Form Schedule

Lead Form Number: PL-225 01/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PL-225 01/11	Application/ PART II – Enrollment Supplemental Form	Initial		75.000	PL-225 01_11.pdf

## PART II - SUPPLEMENTAL

Proposed Insured _____		Date of Birth: _____	
First Name	M.I.	Last Name	

<p>1. Has the Proposed Insured been diagnosed with or been treated within the past 10 years for:</p> <p>a) Alzheimer's disease or dementia, memory loss, Mild Cognitive Impairment (MCI), or organic brain syndrome? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>b) Connective Tissue, Lupus or other auto-immune disorder? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>c) Nervous disorders such as seizures, fainting spells, Parkinson's disease, tremor, ALS, Multiple Sclerosis Aphasia or other disorders of the brain or nervous system? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>d) Any history of fractures or falls? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p>	<p>4. Does ANYONE help the Proposed Insured with: Getting around inside the home, getting into and out of bed or a chair, bathing, dressing, toileting or eating? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/>          (If "Yes", identify the helper and give details)</p>
<p>2. Has the Proposed Insured been:</p> <p>a) Declined, refused, rated or turned down for life insurance, long-term care insurance, medical or disability insurance? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>b) Required to have home care, nursing home care, or adult care for any reason within the past 12 months? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>c) Advised to enter, planning to reside in, or currently residing in a nursing home, assisted care living facility, or other custodial facility? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p>	<p>5. Is the Proposed Insured's activity limited by shortness of breath or pain? (If "Yes", explain) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Does the Proposed Insured:</p> <p>a) Use one of the following medical devices: walker; wheelchair; hospital bed; quad cane; oxygen; stair lift; or dialysis? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>b) Participate in any type of exercise program? (If "Yes", provide type and frequency) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>c) Drive a motor vehicle? (If "Yes", provide the number of miles driven in the past 12 months. If "No", what date did you last drive and why did you stop driving?) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>d) Manage finances, including paying bills, writing checks and balancing the check book? (If "No", identify what activities require assistance, who provides it and why it is needed.) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>e) Perform regular household tasks including cooking, cleaning, laundry, shopping, yard work? (If "No", identify what activities require assistance, who provides it and why it is needed.) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>f) Live alone? (If "No", who do you live with?) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p>	<p>6. How far can the Proposed Insured walk without needing to stop and rest on level ground?</p> <p>a) 50 feet or 1/2 block. (If "Yes" how long would it typically take to walk this distance in seconds? <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>b) 100 feet or one block. <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p> <p>c) 400 feet (four blocks) <span style="float: right;">Yes No</span>  <input type="checkbox"/> <input type="checkbox"/></p>
<p>7. Details for "Yes" or "No" answers contained in questions 3 through 6 (If additional space is needed, please use the Continuation of Information form):</p>	

**The above statements and answers are true and complete to the best of my knowledge and belief.**

Signed at: _____ (City)	_____ (State)	Date: _____
Witness	Proposed Insured	

SERFF Tracking Number:	PRTA-127002832	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	47817
Company Tracking Number:	VICKIE - P225		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	PL-225 01/11		
Project Name/Number:	PL-225 01/11/PL-225 01/11		

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification		
<b>Comments:</b>			
<b>Attachment:</b>			
Readability Certification.pdf			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Statement of Variables		
<b>Comments:</b>			
<b>Attachment:</b>			
Statement of Variables.pdf			

Protective Life Insurance Company  
Post Office Box 2606  
Birmingham, Alabama 35282-9887

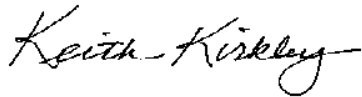
NAIC 458-68136  
FEIN 63-0169720

## READABILITY CERTIFICATION

<b>Regarding:</b>	<b>Form Number</b>	<b>Form Title</b>
	PL-225 01/11	Part II Supplemental (Application)

This is to certify that the enclosed forms (and the corresponding state specific variations) have been created using fonts of 10 point or greater and have achieved compliance with the requirements for the FLESH Ease of Reading Test, with scores as outlined in the following table.

<b>Words:</b>	439
<b>Sentences:</b>	26
<b>Syllables:</b>	591
<b>FLESH Score:</b>	<u>75.8051</u>



Keith Kirkley, J.D., MBA  
Assistant Vice President  
Protective Life Insurance Company  
Product Development  
Contract Drafting & Filing Team

January 25, 2011

Protective Life Insurance Company  
Birmingham, Alabama 35282-9887

NAIC 458-68136  
FEIN 63-0169720

## **Statement of Variability**

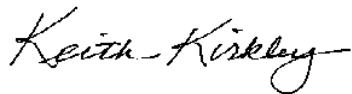
**Form: PL-225 01/11 and state variations**

Administrative Address – Accurately disclose Company information by Distribution Channel or as updates are required.

### **CERTIFICATION**

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:

A handwritten signature in black ink, reading "Keith Kirkley". The signature is written in a cursive, flowing style.

Keith Kirkley, JD, MBA  
Assistant Vice President  
Protective Life Insurance Company  
Product Development  
Contract Drafting & Filing Team  
January 25, 2011